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CHARLOTTE, N.C.

JUL 27 2005

Clerk, U. S. Dist. Court  
W. Dist. of N. C.

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA  
CHARLOTTE DIVISION

**FILED**  
CHARLOTTE, N. C.

AUG 11 2005

UNITED STATES OF AMERICA

Plaintiff,

v.

CAIL ELLIOTT,

Defendant(s),

and

STAFFMASTERS, INC.,

Garnishee.

U. S. DISTRICT COURT  
W. DIST. OF N. C.

CASE NO. 3:01CV316  
(Financial Litigation Unit)

**WRIT OF CONTINUING GARNISHMENT**

GREETINGS TO: Staffmasters, Inc.  
P.O. Box 240845  
Charlotte, NC 28224-0845  
Attn: Bualy Mathipannha

An Application for a Writ of Garnishment against property of Cail Elliott, defendant/debtor, has been filed with this Court. A judgment has been entered against the defendant/debtor. The current total amount of \$430.28, which includes the principal amount of \$425.06, and interest at the rate of 1.55% and in the amount of \$5.22 computed through July 26, 2005, plus \$.00 in costs is due and owing.

You, as Garnishee, are required by law to answer in writing, under oath, within ten (10) days of service of this Writ, whether or not you have in your custody, control or possession, any property, or funds owned by the debtor, including non-exempt, disposable earnings.

You must withhold and retain any property in which the defendant/debtor has a substantial non-exempt interest and for which you are or may become indebted to the defendant/debtor pending further order of the court. This means that you should withhold 25% of the defendant/debtor's

earnings which remain after all deductions required by law have been withheld and 100% of all 1099 payments. See 15 U.S.C. §1673(a).

Please state whether or not you anticipate paying the debtor any future payments and whether such payments are weekly, bi-weekly, monthly, annually or bi-annually.

You must file the original written Answer to this Writ within ten (10) days of your receipt of this Writ with the following office:

Clerk of the United States District Court  
401 West Trade Street  
Charlotte, NC 28202

Additionally, you are required by law to serve a copy of the Answer upon the Defendant/debtor at his/her last known address:

Cail Elliott  
1729 Farm Pond Ct.  
Gastonia, NC 28054

You are also required to serve a copy of the Answer upon the Plaintiff at the following address:

Jennifer A. Youngs, Assistant United States Attorney  
United States Attorney's Office  
Financial Litigation Unit  
227 West Trade Street, Suite 1650  
Charlotte, NC 28202

Under the law, there is property which may be exempt from this Writ of Garnishment. Property which is exempt and which is not subject to this order may be listed on the attached Claim for Exemption form.

Pursuant to 15 U.S.C. §1674, you, the Garnishee, are prohibited from discharging the defendant/debtor from employment by reason of the fact that his earnings have been subject to

garnishment for any one indebtedness.

Pursuant to 28 U.S.C. §3205(c)(6), if you fail to answer this writ or withhold property or funds in accordance with this writ, the United States of America may petition the court for an order requiring you to appear before the court to answer the Writ and to withhold property before the appearance date. If you fail to appear, or do appear and fail to show good cause why you failed to comply with this Writ, the court shall enter a judgment against you for the value of the defendant/debtor's non-exempt interest in such property. The court may award a reasonable attorney's fee to the United States and against you if the Writ is not answered within the time specified. It is unlawful to pay or deliver to the defendant/debtor any item attached by this Writ.

This the 15<sup>th</sup> day of August, 2005.

Carl Horn, III  
UNITED STATES MAGISTRATE JUDGE

## CLAIM FOR EXEMPTION FORM

You can claim Federal exemptions by checking items (a) through (l), pursuant to 11 U.S.C. §522(d) or you can claim exemptions under North Carolina State Law by using the attached NC State Form AOC\_CV-407 Motion to Claim Exempt Property.

\_\_\_ Federal Exemptions.

- (a)\_\_\_ \$18,450 of equity in your residence.
- (b)\_\_\_ \$2,950 of equity in a motor vehicle.
- (c)\_\_\_ Jewelry worth up to \$1,225.
- (d)\_\_\_ Personal property worth up to \$9,850. (However, no single item worth more than \$475 can be claimed as exempt.)
- (e)\_\_\_ Property totaling up to \$975 in value, plus up to \$9,250 of any unused amount of the exemption provided in number 11(a) above.
- (f)\_\_\_ \$1,850 of equity in professional books, implements or tools, of your trade or your dependant's trade.
- (g)\_\_\_ Any unmaturred life insurance contract you own, other than credit life insurance.
- (h)\_\_\_ The aggregate value, up to \$9,850, of any accrued dividend or interest under, or loan value of, any unmaturred life insurance contract you own, but only if you are the insured or you are a dependant of the insured.
- (i)\_\_\_ Professionally prescribed health aids for you or your dependants.
- (j)\_\_\_ Unemployment compensation benefits, local public assistance benefits, disability benefits, illness benefits; and alimony, support, and separate maintenance, to the extent these items are reasonably necessary for your support or the support of your dependants.
- (k)\_\_\_ A payment under a stock bonus, pension, profit-sharing, annuity, or similar plan or contract on account of illness, disability, death, age, or length of service, to the extent reasonably necessary for your support or the support of your dependants, subject to the limitations set forth at Title 11 United States Code Section 522(d)(10)(E)(i)-(iii).

- (l)\_\_\_ Your right to receive, or property that is traceable to,
- an award under a crime victim's reparation law;
  - a payment on account of the wrongful death of an individual of whom you were a dependant, but only to the extent reasonably necessary for your support or the support of your dependants;
  - a payment under a life insurance contract that insured an individual of whom you were a dependant on the date of the insured's death, but only to the extent reasonably necessary for your support or the support of your dependants;
  - a payment, not to exceed \$18,450, on account of personal bodily injury suffered by you or by an individual of whom you are a dependant; however, payment for pain and suffering or payment to compensate actual pecuniary loss are not exempt under this paragraph;
  - a payment in compensation of loss of your future earnings or the future earnings of an individual of whom you are, or were, a dependant, but only to the extent reasonably necessary for your support or the support of your dependants.



(TYPE OR PRINT IN BLACK INK)  
**STATE OF NORTH CAROLINA**

File No.

Abstract No.

Judgment Docket Book And Page No.

County

In The General Court Of Justice  
☐ District ☐ Superior Court Division

Name Of Judgment Creditor (Plaintiff)

**VERSUS**

Name Of Judgment Debtor (Defendant)

**MOTION TO CLAIM  
EXEMPT PROPERTY  
(STATUTORY EXEMPTIONS)**

G.S. 1C-1603(c)

I, the undersigned, move to set aside the property claimed below as exempt.

1. I am a citizen and resident of \_\_\_\_\_.
2. ☐ a. I am married to \_\_\_\_\_.  
☐ b. I am not married.
3. My current address is \_\_\_\_\_.
4. The following persons are dependent on me for support:

Name(s) Of Person(s) Dependent On Me	Age	Relationship

5. I wish to claim as exempt (*keep from being taken*) my interest in the following real or personal property that I use as a residence. I also wish to claim my interest in the following burial plots for myself or my dependents. I understand that my total interest claimed in the residence and burial plots may not exceed \$10,000.00.

Street Address Of Residence

County Where Property Located

Township

No. By Which Tax Assessor Identifies Property

Legal Description (Attach a copy of your deed or other instrument of conveyance or describe property in as much detail as possible. Attach additional sheets if necessary.)

Name(s) Of Owner(s) Of Record Of Residence

Estimated Value Of Residence (What You Think You Could Sell It For)

\$

**Amount Of Lien(s) And Name(s) And Address(es) Of Lienholder(s):**  
(How much money is owed on the property and to whom)

**Current Amount Owed**

\$

\$

Location Of Burial Plots Claimed

Value Of Burial Plots Claimed

\$

**NOTE TO DEBTOR (DEFENDANT):** The Clerk of Superior Court cannot fill out this form for you. If you need assistance, you should talk with an attorney.

6. I wish to claim the following personal property consisting of household furnishings, household goods, wearing apparel, appliances, books, animals, crops or musical instruments as exempt from the claims of my creditors (in other words, keep them from being taken from me). These items of personal property are held primarily for my personal, family or household use.

I understand that I am entitled to personal property worth the sum of \$3,500.00. I understand I am also entitled to an additional \$750.00 for each person dependent upon me for support, but not to exceed \$3,000.00 for dependents. I further understand that I am entitled to this amount after deducting from the value of the property the amount of any valid lien or security interest. Property purchased within ninety (90) days of this proceeding is not exempt. (Some examples of household goods would be TV, appliances, furniture, clothing, radios, record players.)

Item Of Property	Fair Market Value (What You Could Sell It For)	Amount Of Lien Or Security Interest (Amount Owed On Property)	Name(s) Of Lienholder(s) (To Whom Money Is Owed)	Value Of Debtor's (Defendant's) Interest (Fair Market Value Less Amount Owed)
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

7. I wish to claim my interest in the following motor vehicle as exempt from the claims of my creditors. I understand that I am entitled to my interest in one motor vehicle worth the sum of \$1,500.00 after deduction of any valid liens or security interests. I understand that a motor vehicle purchased within ninety (90) days of this proceeding is not exempt.

Make And Model	Year	Name Of Title Owner Of Record
Fair Market Value (What You Could Sell It For)		Name Of Lienholder(s) Of Record (Person(s) To Whom Money Is Owed)
\$		
Amount Of Liens (Amount Owed)		Value Of Debtor's (Defendant's) Interest (Fair Market Value Less Amount Owed)
\$		\$

8. (This item is to claim any other property you own that you wish to exempt.) I wish to claim the following property as exempt because I claimed residential or real property as exempt that is worth less than \$3,500.00, or I made no claim for a residential exemption under section (5) above. I understand that I am entitled to \$3,500.00 in any property only if I made no claim under section (5) above and that if I make a claim under section (5), that I am entitled to \$3,500.00 in any property minus any amount I claimed under section (5). (Examples: claim of \$1,000.00 under section (5), \$2,500.00 allowed here; claim of \$3,600.00 under section (5), no claim under section (5), \$3,500.00 in any property allowed here.) I further understand that the amount of my claim under this section is after the deduction from the value of this property of the amount of any valid lien or security interests and that tangible personal property purchased within ninety (90) days of this proceeding is not exempt.

Item Of Personal Property Claimed	Fair Market Value	Amount Of Lien(s)	Name(s) Of Lienholder(s)	Value Of Debtor's (Defendant's) Interest
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

**Real Property Claimed** (I understand that if I wish to claim more than one parcel, I must attach additional pages setting forth the following information for each parcel claimed as exempt.)

Street Address		Estimated Value Of Property (What You Could Sell It For)
		\$
County Where Property Located	Township	No. By Which Tax Assessor Identifies Property

Description (Attach a copy of your deed or other instrument of conveyance or describe the property in as much detail as possible.)

Name And Address Of Lienholder	Current Amount Owed
	\$
Name And Address Of Lienholder	Current Amount Owed
	\$

(Attach additional sheets for more lienholders.)

<b>VERSUS</b>	File No.	Abstract No.
Name Of Judgment Creditor (Plaintiff)	Judgment Docket Book And Page No.	

9. I wish to claim the following items of health care aid necessary for ☐ myself ☐ my dependents. (wheelchairs, hearing aids, etc.)

Item	Purpose

10. I wish to claim the following implements, professional books, or tools (not to exceed \$750.00), of my trade or the trade of my dependent. I understand such property purchased within ninety (90) days of this proceeding is not exempt.

Item	Estimated Value <small>(What You Could Sell It For)</small>	What Business Or Trade Used In
	\$	
	\$	
	\$	

11. I wish to claim the following life insurance policies whose sole beneficiaries are my spouse and/or my children as exempt.

Name Of Insurer	Policy Number	Beneficiary(ies)

12. I wish to claim as exempt the following compensation which I received for the personal injury of myself or a person upon whom I was dependent for support or compensation which I received for the death of a person upon whom I was dependent for support. I understand that this compensation is not exempt from claims for funeral, legal, medical, dental, hospital or health care charges related to the accident or injury which resulted in the payment of the compensation to me.

Amount Of Compensation	Method Of Payment Lump Sum Or Installments (If Installments, State Amount, Frequency And Duration Of Payments)
\$	
Location Of Compensation	

13. I wish to claim my individual retirement accounts and individual retirement annuities (IRA's) that are listed below.

Name Of Custodian Of IRA Account	Account Number

14. The following is a complete list of persons or businesses that have judgments for money against me.

15. The following is a complete listing of my property which I do **NOT** claim as exempt.

Item	Location	Estimated Value
		\$
		\$
		\$

16. I certify that the above statements are true.

Date	Signature Of Judgment Debtor/Attorney For Debtor (Defendant)

17. A copy of this Motion was served on the judgment creditor (plaintiff) by: ☐ delivering a copy to the judgment creditor (plaintiff) personally ☐ delivering a copy to \_\_\_\_\_, the judgment creditor's attorney. ☐ depositing a copy of this Motion in a post-paid properly addressed envelope in a post office, addressed to the judgment creditor (plaintiff) at the address shown on the notice of rights served on me. ☐ depositing a copy of this motion in a post-paid properly addressed envelope in a post office, addressed to the judgment creditor's (plaintiff's) attorney at the following address: \_\_\_\_\_

Date	Address And Phone Number Of Attorney For Debtor (Defendant)
Signature Of Judgment Debtor/Attorney For Debtor (Defendant)	



<b>1. CIR/DIST/DIV. CODE</b> NCW		<b>2. PERSON REPRESENTED</b> Sanchez-Remes, Jaun Carlos		<b>VOUCHER NUMBER</b>	
<b>3. MAG. DKT./DEF. NUMBER</b> 3:04-000207-003		<b>4. DIST. DKT./DEF. NUMBER</b> 3:05-000024-003		<b>5. APPEALS DKT./DEF. NUMBER</b>	
<b>6. OTHER DKT. NUMBER</b>		<b>7. IN CASE/MATTER OF (Case Name)</b> U.S. v. Sanchez-Remes		<b>8. PAYMENT CATEGORY</b> Felony	
<b>9. TYPE PERSON REPRESENTED</b> Adult Defendant		<b>10. REPRESENTATION TYPE</b> (See Instructions) Criminal Case			
<b>11. OFFENSE(S) CHARGED (Cite U.S. Code, Title &amp; Section).</b> If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE					
<b>12. ATTORNEY'S STATEMENT</b> As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ <u>1,600.00</u> OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500)  Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.  <u>Scott Gsell</u>  Telephone Number _____					
<b>13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)</b>  Assist with defense			<b>14. TYPE OF SERVICE ORDER</b> <input type="checkbox"/> 01 Investigator <input type="checkbox"/> 02 Inspector <input type="checkbox"/> 03 Psychologist <input type="checkbox"/> 04 Psychiatrist <input type="checkbox"/> 05 Polygraph Examiner <input type="checkbox"/> 06 Document Examiner <input type="checkbox"/> 07 Fingerprint Analyst <input type="checkbox"/> 08 Accountant <input type="checkbox"/> 09 CALR (Westlaw/Lexis, etc) <input type="checkbox"/> 10 Chemist/Toxicologist <input type="checkbox"/> 11 Ballistics Expert <input type="checkbox"/> 12 Legal Analyst/Consultant <input type="checkbox"/> 13 Jury Consultant <input type="checkbox"/> 14 Mitigation Specialist <input type="checkbox"/> 15 Duplication Services (See Instructions) <input type="checkbox"/> 16 Other (specify) _____ <input type="checkbox"/> 17 Document Examiner <input type="checkbox"/> 18 Fingerprint Analyst <input type="checkbox"/> 19 Accountant <input type="checkbox"/> 20 CALR (Westlaw/Lexis, etc) <input type="checkbox"/> 21 Chemist/Toxicologist <input type="checkbox"/> 22 Ballistics Expert <input type="checkbox"/> 23 Weapons/Firearms/Explosive Expert <input type="checkbox"/> 24 Pathologist/Medical Examiner <input type="checkbox"/> 25 Other Medical Expert <input type="checkbox"/> 26 Voice/Audio Analyst <input type="checkbox"/> 27 Hair/Fiber Expert <input type="checkbox"/> 28 Computer (Hardware/Software/Systems) <input type="checkbox"/> 29 Paralegal Services		
<b>15. Court Order</b> Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.  Signature of Presiding Judicial Officer or By Order of the Court _____  Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>16. SERVICES AND EXPENSES</b> (Attach itemization of services and expenses with dates)		<b>AMOUNT CLAIMED</b>		<b>MATH/TECHNICAL ADJUSTED AMOUNT</b>	
a. Compensation					
b. Travel Expenses (lodging, parking, meals, mileage, etc.)					
c. Other Expenses					
<b>17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS</b>  Jackie Gonzalez  TIN: _____ Telephone Number: _____  CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.  Signature of Claimant/Payee: _____ Date: _____					
<b>18. CERTIFICATION OF ATTORNEY:</b> I hereby certify that the services were rendered for this case.  Signature of Attorney: _____ Date: _____					
<b>19. TOTAL COMPENSATION</b>		<b>20. TRAVEL EXPENSES</b>		<b>21. OTHER EXPENSES</b>	
<b>22. TOT. AMT APPROVED/CERTIFIED</b>					
<input type="checkbox"/> 23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> 24. Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.  Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____					
<b>25. TOTAL COMPENSATION</b>		<b>26. TRAVEL EXPENSES</b>		<b>27. OTHER EXPENSES</b>	
<b>28. TOTAL AMOUNT APPROVED</b>					
<b>29. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)</b>  Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					